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“Before the project everything seemed a little bit woolly – now we are definitely clearer in terms of pathways for women.”

Evaluating the Stella Project Mental Health Initiative

Final Evaluation Report Prepared by Miranda A.H. Horvath, Susan Hansen, Joanna R. Adler and Shola Apena Rogers, Forensic Psychological Services, Middlesex University

Executive summary

Prepared by Jennifer Holly (AVA)

2013

Background

Services commissioned to support women with mental health problems, problematic substance use and experiences of violence against women (VAW) often work independently, despite the intersectionality of these issues. Frontline practitioners do not always have the training, assessment tools or referral pathways to address all three issues when they co-occur. Operational and monitoring frameworks do not always make the links between the issues which result in women falling through gaps in service provision.

The aim of the Stella Project Mental Health Initiative (SPMHI) was, therefore, to empower service providers across the three sectors of substance use (SU), mental health (MH) and violence against women (VAW) to develop this work through knowledge transfer, policy development support and promoting strong partnerships and monitoring mechanisms.

There are several components to the SPMHI, encompassing an action research based intervention (from hereon referred to as 'the intervention'):

- **Policy and procedure development, training and partnership working.** The SPMHI co-ordinator (SPMHIC) worked with selected agencies working in the fields of VAW, SU and MH in three regions of the UK to develop an integrated response to survivors of gender based violence and who are experiencing problematic SU and psychological distress. This focused on providing: i) support to agencies to develop their policies and procedures, referral pathways and multi-sector partnerships; ii) training to equip staff with skills and confidence to work with the complex issues and; iii) support to embed issues in local authority and Primary Care Trust strategic policies.
- **Good practice guidance and online training course.** Following completion of the action research, good practice guidance and an e-learning programme were developed and disseminated across the UK through extensive networks. A series of interactive and innovative workshops focusing on equipping practitioners with the skills and understanding to implement the good practice guidance were held.

In assessing the efficacy of the SPMHI, an evaluation was commissioned which has collected data before and after the intervention took place. The project and evaluation was fully funded by a three-year grant from the Department of Health.

Objectives and methodology

The evaluation had six objectives. To gather and analyse the required data, a triangulated, mixed methods approach was adopted, drawing on both prospective and retrospective research techniques. The objectives and research methods were:

Objective 1. To compare alternative approaches (taken elsewhere) with those taken within the SPMHI and to highlight lessons learnt within them. To review existing approaches, a question-led adapted rapid evidence assessment was conducted to identify i) existing (evaluated) responses to VAW, SU, MH; and ii) what is considered best practice for practitioners working with women with the overlapping issues of VAW, SU and MH?

Objective 2. To assess expectations for the project and of the project co-ordinator, and ascertain what contingencies are in place. Expectations of and for a project can be highly influential in its eventual outcomes. Also, expectations can provide another way to assess levels of shared understanding that feed into partnership working (see 3 below). Focus groups comprising service and area leads were held in each area pre- and post-intervention. A thematic analysis was conducted, with attention to the initial expectations of the pre-intervention focus groups, and the experiences and challenges subsequently encountered by the post-intervention focus groups. The focus groups included creating ecograms to depict relationships between agencies.

Objective 3. Does staff confidence in their own knowledge and skills change over the course of the evaluation? An online questionnaire was designed to address Objectives 3 and 5 (please contact the authors for a copy). The questionnaire covered three main topics: Staff Confidence, Staff Knowledge and Data Monitoring.

Objective 4. What are the levels of multidisciplinary partnership working, referrals and joint care planning between agencies over the course of the evaluation? Two strategies were employed to address objective 4:

Strategy 1 involved a database of referrals for each service. Originally, data was to be collected prospectively on a monthly basis for the duration of the project. However, due to demands on services involved, this approach was revised. Instead, data was collected retrospectively for a four month period (January 1st to April 30th) of each year of the project.

Strategy 2 was a pre- and post-intervention desk based analysis of all documentation relating to partnership working and joint care planning used within agencies and areas. The eco-grams completed in objective 2 were also used to give extra information for this part of the evaluation.

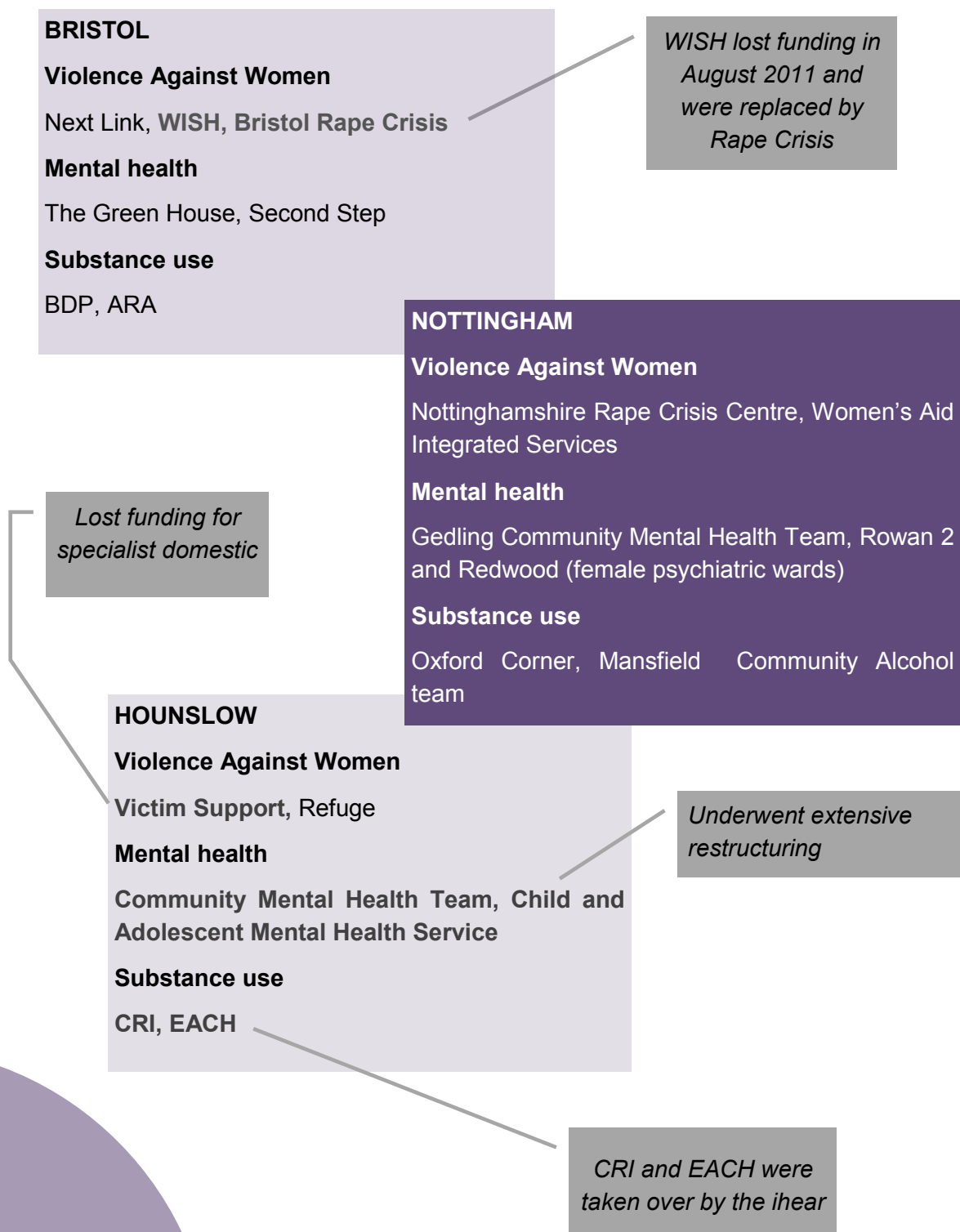
Objective 5. What was the level of monitoring of service users disclosing experiences of DV and SV, SU and mental distress over the course of the evaluation? See objectives 3 and 4 for methodology.

Objective 6. To what extent did AVA's priorities feature in local service strategies and within strategic needs assessments (alcohol, VAW, drug treatment plans, homelessness) over the course of the evaluation? A desk based document analysis of local strategies/strategic needs assessments was conducted at pre- and post-intervention stages. The documents collected were analysed together with those collected through strategy 2 for objective 4, relating to partnership working, referrals and joint care planning with other agencies.


Participants

The Stella Project selected three sites across England in the summer of 2010: Bristol, Nottinghamshire and the London Borough of Hounslow. VAW, SU and MH agencies in each area were then invited to submit expressions of interest to participate in the project. A total of 17 agencies providing 20 services across the three sites were selected, based on their capacity and commitment to engage with the work.

The agencies in the figure below participated in the project, including the evaluation:



TIMELINE FOR THE INTERVENTION AND EVALUATION



October 2010-March 2011 = Design materials, obtain ethics approval

April-June 2011 = Pre-intervention data collection, including literature review

July 2011 = Intervention begins

March-May 2012 = Mid-point interview with agency leads

May 2012 = Interim report published

June-September 2012 = Finalise materials for post-intervention data collection

September 2012 = Intervention ends

October-December 2012 = Post-intervention data collection

May 2013 = Final report and end of project presentations

Findings and discussion

Objective 1

The literature review of existing approaches to addressing the combined issues of VAW, SU and MH revealed a paucity of research on identifying best practice for women with overlapping issues. This is in part a likely consequence of the primary presenting issue being treated, in practice, as singular – or as masking other intersecting issues. Recommendations for improving interagency approaches stems largely from observations by researchers rather than empirical evidence of ‘what works’. The SPMHI has, to a certain extent, added to this area of knowledge.

Objective 2

Participants’ expectations regarding the benefits of their involvement in the project were evaluated through the focus groups and were largely met, if not exceeded:

‘The [Mental Health] Trust is looking at developing a strategy which feels helpful – it has developed a policy which Stella provided that impetus to actually engage with it.’ (Nottingham)

‘In terms of working in silos I think that has definitely broken down... We have gone along way from when I came back 2 years ago to where we are now.’ (Hounslow)

However, at both pre-intervention and post-intervention stages, the engagement of MH services was identified as the most significant on-going challenge to the SPMHI by all three areas. Some participants reported that this reflected a long-standing division that was part of a broader structural and attitudinal 'health and local authority' barrier (social v. clinicians). This is clearly a key area that will warrant further future attention, and something participants were hopefully would improve in future.

Objective 3

The post-intervention focus groups in all three areas highlighted the practical benefits of the project in terms of increased staff capacity and confidence to address the needs of women presenting with these intersecting issues, even when the needs of such 'difficult' clients would previously have been regarded as not 'part of my brief':

'She was able to support this woman [with intersecting needs] effectively whereas before [the training] she would not have been able to. (Hounslow)

Focus groups from Bristol and Nottingham also discussed increased discussion of VAW issues amongst their staff members:

'The discussion around sexual abuse, domestic abuse is more part of the conversation now when we are talking about assessments... people aren't afraid to talk about it and say, "this is what has been disclosed, I'm not sure where to go with it".' (Nottingham)

The quantitative data collected through the staff survey, however, painted a slightly different picture, with staff reporting an overall drop in knowledge and confidence during the project. This discrepancy may be, in part, a reflection of the vastly differing composition of the respondents to the staff questionnaire at pre- and post-intervention.

Objective 4, 5 and 6

The monitoring data suggests that women had begun making disclosures about other issues earlier in their engagement with services at the post-intervention stage and that there were shifts in the type and number of agencies referrals were made to between pre- and post-intervention. Our analysis of the eco-graphs suggested partnership working was strengthened over the course of the project but this could not be considered within documentation. The engagement of MH services does, however, remain an on-going challenge for all three areas.

'With mental health attending the MARAC process that is fantastic, especially when they've got a high [risk] case where they have got diagnosis it is positive that they are round the table now when they weren't before the Stella Project.' (Nottingham)

Points of interest

Within the post-intervention evaluation phase, we identified five points of interest, which highlight key issues for consideration:

1: MENTAL HEALTH AS THE 'WEAKEST LINK'

Mental health issues were commonly seen as being a contributing factor to domestic violence, yet mental health services were regarded as 'limited' in terms of 'what we can do'.

3: INTERSECTIONALITY

The intersecting issues were conceptualized in a range of different ways. Frequently, these were 'separated out', and mental health was regarded commonly as 'underlying' violence against women. These different theories of cause and effect may have an impact on referral pathways potentially conflicting with the stance of services from each area.

4: ENGAGEMENT OF GPs

GPs were not present in the pre-intervention eco-grams for Hounslow and Bristol; they were present but not emphasized or central in the Nottingham pre-intervention eco-gram. The post-intervention eco-grams show GPs as a key gatekeeper and link to mental health services. The vital role of GPs' practices in identifying and referring women with these intersecting issues was recognized and addressed by the SPMHI. Further work is needed in this area.

2: ASSUMPTIONS ABOUT CLIENTS

Throughout the project, the perception that such clients experiencing the intersecting issues are often 'chaotic' and 'impossible to work with' remains commonly held, an important post-intervention change is that the participants in the SPMHI reported that they felt better able to support, engage and put referral pathways in place for these 'difficult' clients, post-intervention, than they did prior to their involvement in the SPMHI.

A key 'next phase' raised by the post-intervention focus groups was to engage clients with intersecting needs as stakeholders and key informants as part of the action research ethos of the project.

5: WORKING WITH PERPETRATORS

One of the major concerns voiced during the project was frustration at the lack of referral pathways for perpetrators. SU treatment and MH services are both potential settings for running perpetrator programmes in that they usually already employ staff to deliver group-based behaviour change interventions. With additional knowledge and links with support services for survivors, staff could be retrained to run programmes for perpetrators who are also affected by SU and/or MH issues.

Conclusions

Overall we conclude that practitioners from each of the areas should be encouraged to continue to work together to build a shared understanding of their different professional and practice philosophies, to foster mutual trust and respect, and to build a consensus on how best to integrate services for women with these overlapping issues. We recommend that:

1. Practitioners should receive specialist training on the intersections between SU, MH and VAW in addition to single issue training.
2. Training materials should be developed that recognise and value the different approaches to working with clients backgrounds and focus effective engagement between sectors.
3. Practitioners need accurate guidance and training on the impact of data protection legislation on how they can and when they should be sharing information within and between agencies.
4. To enhance the sustainability of the SPMHI project beyond the immediate funding period, it is recommended that more agencies are engaged in the project's networks, with particular attention to MH services.
5. The importance of collecting data on referral pathways needs to be given prominence in continuing the SPMHI's work. Agencies should take this work forward, developing simple data collection mechanisms to identify both problems in pathways and examples of good practice that can be replicated.
6. The process for referring women within and between agencies often appears to rely on 'old relationships'. Agencies should focus on developing formalised clear referral pathways that exist independently of the individuals involved in them.
7. More research is needed to identify the barriers to effective joint working, such as where agencies have rules or processes that mean clients with certain issues cannot be referred on to them and how to overcome them.
8. Negative preconceptions and stereotypes about women with overlapping and complex needs are widely held. A national campaign is needed to inform and educate both the general public and practitioners.

The following additional set of recommendations is derived from key agency and areas representatives from the agencies involved in the SPMHI in each of the three pilot areas. Future projects with similar aims should consider:

1. Using partnership agreements to formalize working relationships.
2. Involving senior officers/management in a formal commitment to encourage and support the attendance and engagement of their workers at meetings, training and other activities.
3. Emphasising the accountability provided by the 'official' involvement of areas in the SPMHI
4. Disseminating learning from DV Homicide Reviews may work effectively to 'bring home' the urgent need to work in partnership to identify and support women (and perpetrators) with these intersecting issues, and may help to secure the engagement of agencies, particularly MH services.
5. Holding meetings quarterly, with dates planned well in advance, would allow even agencies with significant capacity issues to plan regular attendance.
6. Incorporating and embedding the SPMHI working group into larger local VAWG strategy group(s) with an established structure may augment the reach and resources of the project.
7. Developing outreach strategies (modelled on strategies used to successfully engage housing and DV services) to further build relationships between MH, SU and VAW services.